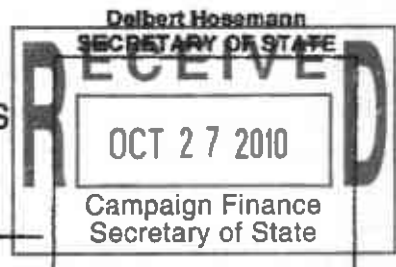


2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate Scott PhillipsAddress Post Office Box 3, Columbia, MS 39426 County Marion

DATE STAMP

Telephone Work (601) 736-9301 Home (601) 270-2257 Fax (601) 736-7537Contact Name Scott Phillips Email Address phillipslawfirm@bellsouth.netOffice Sought Chancery Judge Dist. 10 Place 2 Political Party _____☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory

____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2009).....Runoff Candidates

____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$4,850.00+\$ 250.00	\$ 5,100.00	\$ 8,974.99
Total amount of disbursements	\$4,641.10+\$ 300.00	\$ 4,941.10	\$ 8,979.68
Total amount of cash on hand		\$ 0.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Scott PhillipsOctober 26, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1489 or 601-376-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee Scott Phillips
Reporting period Oct. 11, 2010 through Oct. 26, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clara and Martins Ugwu Dike</u>		<u>10 / 26 / 10</u>	\$ 500.00
Mailing Address <u>1212 Broad Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbia, MS 39429</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Quality Care Internal Medicine, Inc.</u>		<u> / / </u>	\$
Occupation (Required) <u>Medical Doctor and wife</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Susan Thomson Rutland</u>		<u>10 / 13 / 10</u>	\$ 1,000.00
Mailing Address <u>116 Heatherwood Drive</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nicholson & Company, PLLC</u>		<u>10 / 11 / 10</u>	\$ 500.00
Mailing Address <u>Post Office Box 609</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbia, MS 39429</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required) <u>Accountants</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott Phillips</u>		<u>10 / 17 / 10</u>	\$ 2,850.00
Mailing Address <u>Post Office Box 3</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbia, MS 39429</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Phillips Law Firm, P.A.</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 2,850.00

Page 1 of 1Name of Candidate or Committee Scott PhillipsReporting period October 11, 2010 through October 26, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>WQID</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>301 Humble STE 134</u>		<u>10 / 25 / 10</u>	\$ 300.00
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Radio advertisement</u>		Aggregate Year-to-date	\$ 300.00
B. Full name <u>Standard Office Supply & Printing Co.</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Post Office Box 950</u>		<u>10 / 13 / 10</u>	\$ 353.10
City, State, Zip Code <u>Hattiesburg, MS 39429</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Cards</u>		Aggregate Year-to-date	\$ 706.20
C. Full name <u>Flash Media</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Post Office Box 908</u>		<u>10 / 13 / 10</u>	\$ 3,820.00
City, State, Zip Code <u>Columbia, MS 39429</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Billboards and Banners</u>		Aggregate Year-to-date	\$ 3,820.00
D. Full name <u>Columbian-Progress</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>318 Second Street</u>		<u>10 / 22 / 10</u>	\$ 168.00
City, State, Zip Code <u>Columbia, MS 39429</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Newspaper advertisement</u>		Aggregate Year-to-date	\$ 252.00
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$